

## Communicable Disease Quality Improvement Matrix

Standard I. Communicable disease services will be responsive to the community's need for protection from infectious disease.		
Practice	Test	Method of Measurement
A. All reports will be reviewed by communicable disease staff, and a plan developed for investigation, at the earliest reasonable opportunity after credible information regarding the presence of a notifiable condition in a county resident is received, but always within 24 hours.	Does case investigation documentation reflect timely evaluation of the situation?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
B. Case investigations will proceed as quickly as possible. Conditions that are serious or present a significant public health threat will be given precedence over other work.	Do case investigation documents reflect timely investigation and intervention? If not, are reasonable attempts documented?  Does reporting log reflect that dispensation of referrals is happening in a timely manner?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager  What: Biweekly check of reporting log  Who: Public Health Manager
C. Attempts to locate, interview, and intervene with persons who are infected with or have been exposed to a notifiable condition will be commensurate with the severity of the condition and the degree of associated public health threat. Methods used to contact patients and exposed individuals will be consistent with the urgency of the investigation.	Do case investigation documents reflect appropriate and timely attempts to communicate with patient and contacts? If condition requires immediate or urgent response (per protocol manual) and patient cannot be found, does documentation reflect consultation with manager and/or health officer?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
D. Whenever possible, callers reporting notifiable conditions will be routed to a live nurse. Except in extreme staffing circumstances, routing reporters through the switchboard to voice mail is unacceptable.	Are there situations in which callers are inappropriately routed to voice mail? Are there situations in which notification was not timely because callers were routed to voice mail?	What: Log of complaints regarding communicable disease response.  Who: Public Health Manager
E. All messages left in regards to notifiable conditions notification will be returned at the earliest possible opportunity.	Are there complaints that a timely response was not made?	What: Log of complaints regarding communicable disease response.  Who: Public Health Manager

Practice	Test	Method of Measurement
F. Voice mail greetings for staff receiving notifiable conditions reports will accurately notify callers when staff are out of the office and when they are expected to return, and will offer the caller the option to press 0 to reach the operator for immediate assistance.	Do staff voice mail messages appropriately indicate when staff are out of the office for an entire day? Do they indicate an anticipated time of return, and prompt calling the operator for immediate assistance?	What: Spot check of staff voice mail messages during planned and unplanned absences.  Who: Public Health Manager
G. Local health care providers and/or appropriate health officials in other LHJs will be notified of and updated on any significant increase in reportable disease in the community.	Does review of case investigation documents and provider alert file (and distribution lists) indicate that notification occurred when appropriate?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager  What: Post-investigation review and debriefing of all investigations requiring extraordinary response.  Who: Health Officer, Public Health Manager, Responding Staff
<b>Standard II. Communicable disease services will be responsive to the needs of reporters.</b>		
A. Providers should have the opportunity to discuss the diagnosis and public health involvement with their client before the client is contacted by us whenever possible. With the exception of cases reported on emergency department patients, investigations prompted by laboratory reporting will begin with a conversation with the health care provider whenever possible, balanced with the need for public health protection.	Is there documentation of an initial call to provider? Does it include discussion of whether or not test results/diagnosis have been discussed with patient?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
B. Local health care providers and/or appropriate personnel from other health jurisdictions will be notified when a case investigation can be expected to result in questions or requests for care directed at providers.	Is there documentation of communication with individual health care providers associated with an investigation? Is there evidence that a general communicable disease alert was sent out to providers and/or other LHJ's for conditions of high community concern?	What: Post-investigation review and debriefing of all investigations requiring extraordinary response.  Who: Health Officer, Public Health Manager, Responding Staff  What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager

Practice	Test	Method of Measurement
C. Notifiable conditions reports regarding patients who reside in another health jurisdiction will be accepted from providers and forwarded immediately to the jurisdiction of residence.	Does documentation of out-of-county cases reflect acceptance and forwarding of minimal case reporting data?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
<b>Standard III. Communicable disease services will be responsive to the needs of patients.</b>		
A. Persons with notifiable conditions will be counseled on the infectious agent, incubation period, mode of transmission, and period of communicability of the condition that they have been diagnosed with (see disease-specific protocols). Questions regarding treatment will be referred to the diagnosing provider.	Do case investigation documents reflect counseling to patient regarding these items?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
B. The reason for any necessary contact notification and treatment will be discussed openly with the patient. Their assistance will be enlisted in identifying and, if possible, contacting exposed individuals.	Do case investigation documents reflect counseling regarding these items?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
C. Patients expressing concern regarding privacy will be reassured and given information about the laws protecting their privacy and department practices to comply with these laws.	Do case investigation documents reflect counseling regarding methods of protecting confidentiality, if concerns are raised?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
D. Clients with notifiable conditions will be encouraged to become partners in contact investigation and notification. In cases where the client is uncooperative, the public health manager and health officer will be consulted.	Does documentation of investigation indicate attempts to involve client in identification and notification of contacts? If client uncooperative, is there evidence that the manager and health officer were consulted?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
E. All records pertaining to communicable disease investigation shall be maintained in a secure, locked location at all times.	Are records kept secure in the manner described?	What: Quarterly daytime and after-hours spot checks for improperly stored records.  Who: Public Health Manager
F. The identity of clients with notifiable conditions will be protected whenever feasible in contact investigation. Individuals acquainted with the client but not identified as being at risk of exposure will not be provided with information regarding client status.	Does documentation of investigation reflect that patient identity was protected when feasible?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager

Practice	Test	Method of Measurement
G. Departmental confidentiality procedures will be observed when releasing client info.	Does documentation reflect that departmental confidentiality procedures were observed?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
<b>Standard IV. Communicable disease services will be provided in consistent manner.</b>		
A. Case investigations will proceed in a manner as consistent with the methods in the communicable disease protocols as possible. Circumstances requiring deviation from the protocol will be completely documented, and will include documentation of consultation with the manager or health officer.	Do case investigation documents reflect methods consistent with established protocols? If not, is there documentation of consultation with the public health manager and/or health officer?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
B. Any medical intervention provided in the course of a communicable disease investigation that is beyond the standing orders provided in the protocols will have an accompanying verbal order signed by the health officer within 5 working days of the time that the intervention is provided.	Do case investigation documents contain a signed order for all interventions beyond those specified in the protocols?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
<b>Standard V. Communicable disease services will be completely and appropriately documented.</b>		
A. All consultation with providers regarding treatment or prophylaxis for notifiable conditions will be documented.	Is documentation of consultation with providers specific and complete?	What: Bi-weekly check of reporting log, cross-referencing case investigation documentation when appropriate.  Who: Public Health Manager  What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
B. Any information (including completed case reports) received from a health care provider or community member alleging the presence of a previously unreported notifiable condition will be logged into the reporting log immediately. <b>Exception: Batched reports of chronic hepatitis received from Stafford Creek Corrections Center.</b>	Does a cross-reference of case investigation documents with the reporting log indicate consistent use?	What: Bi-weekly check of reporting log, cross-referencing case investigation documentation when appropriate.  Who: Public Health Manager

Practice	Test	Method of Measurement
C. Documentation will be made using approved forms, assessment tools, and case report forms.	Does documentation contain appropriate and approved forms, tools, and report form?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
D. Any work done in the process of investigation will be documented, including attempts to locate patients and contacts, and any testing or treatment provided to contacts.	Does documentation completely reflect all investigation efforts, including case and contact tracing, testing, and prophylactic treatment?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
E. Documentation will be written using respectful and objective language, taking care to avoid terms and phrases which are subjective or prejudicial.	Is documentation phrased objectively and non-judgmentally?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
F. All case investigations will be entered in PHIMS within 5 days of receipt of report and according to the protocol for the specific notifiable condition. Date of PHIMS entry will be recorded on investigation documents using the stamp provided.	Does PHIMS contain complete records on 100% of investigations conducted? Was entry into PHIMS timely?	What: Quarterly comparison of $\geq 50\%$ of closed case investigation records from the previous quarter to contents of the PHIMS database.  Who: Public Health Manager  What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
G. Documentation of investigations in progress will be kept in a "pending" file which is accessible to all personnel who might be involved in notifiable condition investigation/response.	Is documentation available when needed by all team members?	What: Log of reported problems with availability of information collected on patients whose evaluation is in progress  Who: Public Health Manager
H. Documentation of completed investigations and consultations will be kept in a "completed – awaiting QA" file through the end of the quarter for quality improvement purposes. Following review, they will be immediately filed according to the system set up by the public health manager.	Is documentation of completed investigations kept in the appropriate place?	What: Log of problems with availability of completed investigation records.  Who: Public Health Manager

<b>Standard VI. Communicable disease services will be in compliance with Washington State reporting requirements.</b>		
<b>Practice</b>	<b>Test</b>	<b>Method of Measurement</b>
A. Reporting to the Washington State Department of Health will occur on approved forms and within 1 working day of the completion of the investigation. Date of reporting will be documented on investigation documents using the stamp provided.	Does documentation reflect timely reporting? Were appropriate forms used? Were they completely filled out?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
<b>Standard VII. Communicable disease services will utilize the expertise and technical assistance of the Washington State Department of Health when appropriate.</b>		
A. Expert consultation and technical assistance will be sought in all investigations of immediately or urgently notifiable conditions.	Does documentation of extraordinary investigations reflect consultation with the Dept of Health?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager
B. The Dept of Health will be notified by phone or fax for conditions of high concern (see disease-specific protocols).	Does documentation of extraordinary investigations reflect early notification of the Department of Health (see disease-specific protocols)?	What: Quarterly review of $\geq 50\%$ of closed case investigation records from the previous quarter.  Who: Public Health Manager